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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000038628 (9)

BUILD FLORIDA INC.

DOCUMENT #

FILED Feb 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 32618 WEKIVA PINES BLUD. 32618 WEKIVA PINES BLUD. SORRENTO FL 32776 SORRENTO FL 32776 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3381139 21 26 Not Applicable Suite, Apt. #, etc. Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & Stato City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country ZiD 8. This corporation owes or has paid the current year Intangible Yes Yes 25 Personal Property Tax due June 30. □ No 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RODE, RUDOLPH 32618 WEKIVA PINES BLUD. 82 Street Address (P.O. Box Number is Not Acceptable) SORRENTO FL 32776 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of regelered a pent and little P applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE RODE, RUDOLPH NAME 1.2 NAME 32618 WEKIVA PINES BLVD STREET ADDRESS 1.3 STREET ADDRESS SORRENTO FL CITY-ST-ZIP 14 City - St - ZiP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELFTE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP CITY - ST - ZIP

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or fileck 13 if chapter), or on an inflactment with an address.

SIGNATURE

RudolpH Rode 2-21-98